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D. HAYES AGNEW

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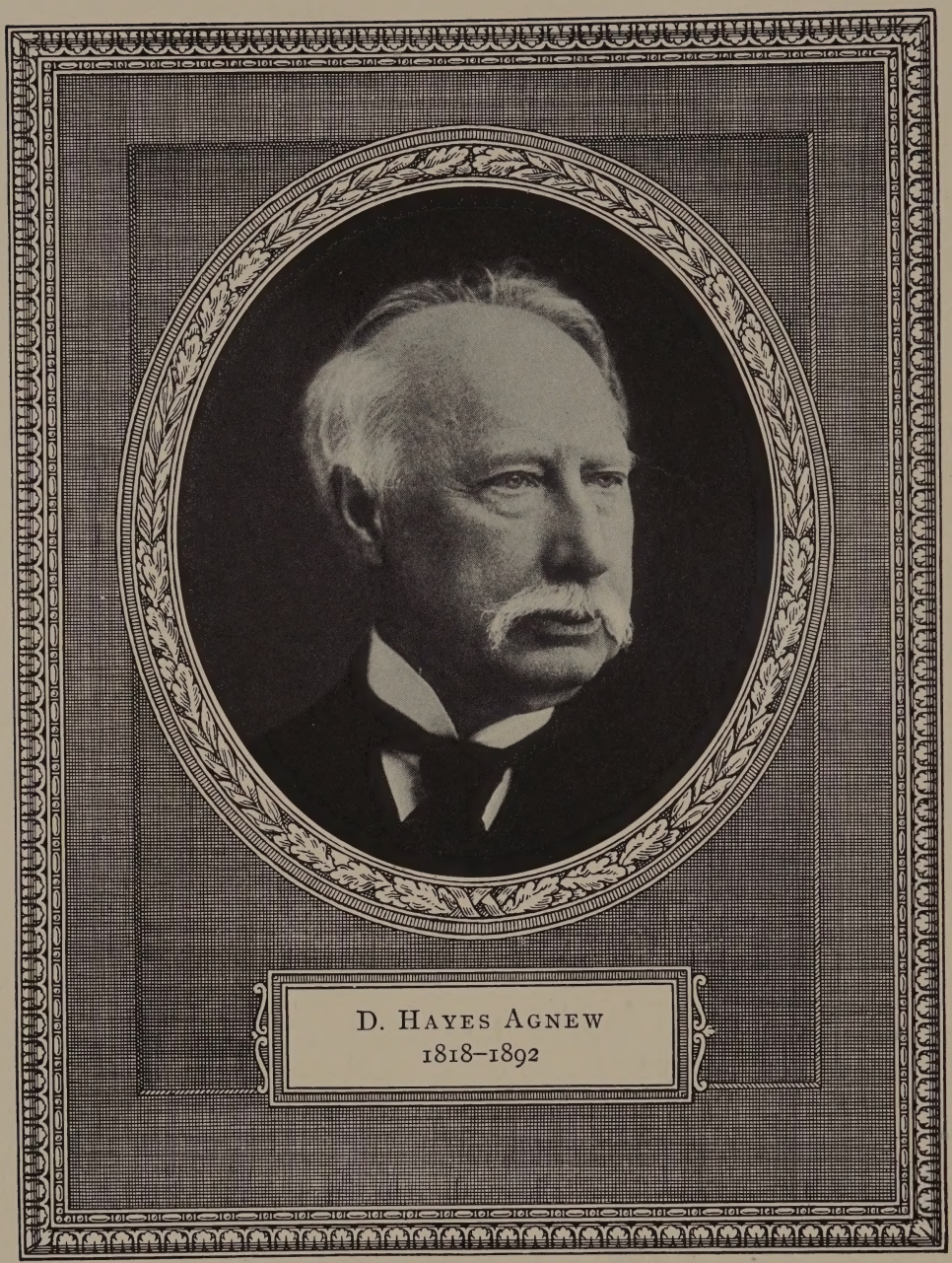

D. Hayes Agnew
1818–1892

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ON mid-days of the late seventies and early eighties, for instance 1883, in an ill lighted, worse ventilated, superheated lecture room of the typical funnel shape not yet extinct; on straight backed benches of incredible hardness and discomfort, some two hundred and fifty smoking, singing, whistling, bantering, tussling students waited the coming of the John Rhea Barton professor of the principles and practice of surgery in the Medical School of the University of Pennsylvania.

On the minute of twelve, through the swinging door of the pit entrance came D. Hayes Agnew. Tall, lean, lithe, florid; white hair somewhat long as was his drooping moustache; bushy eyebrows over clear, keen blue eyes; slender, shapely hands of great strength. Wearing a high stock, a frock coat, dark trousers, changed to light in the spring, and highly polished boots accentuating small, narrow feet.

With Agnew's entrance the tumult of waiting, exuberant youth gave way to a brief burst of applause, something more cordial than the perfunctory hand clapping with which all other professors were then greeted.

The brief rustle of opening note books was followed by a moment of attentive silence broken by Agnew's agreeable, well modulated voice setting forth with singular clarity and directness the groundwork upon which the practice of surgery should be built.

At the hour's end, as Agnew left the room, again there was applause, vigorous and astonishingly prolonged since it was the students' lunch hour. Thereafter the crackling of matches, the trampling of many feet, the joyous, careless hurry of healthy youth, keen for that boarding-house fare which, while condemned as uneatable, was consumed in such quantity as to render the entire class somnolently unreceptive to the first afternoon lecture.

Agnew lectured to crowded classes, though no effort was made to keep a record of attendance. He based his surgical teaching on anatomy, symptomatology, a sharp knife, and a hand trained in its use. His talks were forceful, enduring in their effect. His demonstrations were astonishing in their smooth swiftness and surety of result.

Agnew was of Scotch-Irish descent and inherited his height, since his great grandfather, Robert, the shortest of seven brothers, measured 6 feet 2 inches. His grandfather, David, one of nine children, became the father of twelve and died leaving a widow who married a widower whose children numbered seven.

His father, Robert Agnew, a graduate of Dickinson College, a surgeon of note and an elder in the Presbyterian church, married a handsome widow, the mother of two children, who bore to him David Hayes Agnew. The latter received his literary education at Jefferson College, Canonsburg, Pennsylvania, the stronghold of Presbyterianism, subsequently becoming part of Washington and Jefferson College at Washington, Pennsylvania, and writes of this institution, he then being eighteen years old, that "the refectory was infamous, the food was poor and badly served," a criticism which has always been voiced of all educational institutions by each generation of students.

After graduation from the Medical Department of the University of Pennsylvania, Agnew practiced at Nobleville and Christiana for three years. He records at this time that it was "hard riding, hard reading, hard working, small fees." He played the violin, followed the hounds, owned and rode a famous horse of the "Tom" breed, was a lover and trainer of dogs, and was known throughout the countryside as a dead shot and a judge of horses.

Marrying into a family interested in the iron business, he was persuaded to abandon for a time the practice of medicine in favor of a business career. His firm later assigned, and it is worthy of note that Agnew ultimately paid every penny of the loss sustained by those who invested therein.

Thereafter he returned to the practice of medicine and settled in Cochranville, Chester County, Pennsylvania, but remained as in student days vividly interested in anatomy, securing bodies for the purpose of dissection and study from Philadelphia and placing the bones in a pond to be cleaned by the eels which were much esteemed as food by the community. Agnew's method of fattening them was not approved, nor for that matter was the use of the human body for scientific purposes. Falling into disfavor in his community, he determined to settle in Philadelphia, but at the request of Dr. Sample took charge of the neglected practice of the latter's son at Soudersburg, ten miles from Lancaster. Speaking of his experience there many years later, Agnew said: "I located at Soudersburg when a young man; I stayed there long enough to know all the roads in the district, but I found the people there wanted a better doctor than I was likely to prove, so I moved."

It was perhaps at this time that he found some comfort in Voltaire's definition of a physician: "An unfortunate gentleman who is expected to perform a miracle every day in reconciling health with intemperance."

Coming to Philadelphia and finding at last his true bent, he threw all his energy into his school of anatomy, of which he took charge in 1852. At this time

the use of the human body for dissection was not regarded with such favor by the laity nor with such large tolerance by legislators as to make the securing of adequate material other than difficult and dangerous. Agnew's supply was always adequate. During the cholera epidemic, he might have been, but fortunately was not, found in those trenches where the almshouse bodies were dumped, injecting by day and resurrecting by night.

During the more than ten years of his control of the anatomical school he delivered over 1,800 lectures, teaching and demonstrating both summer and winter. An associate, Dr. Garretson, speaks of him as having an uniquely unspeculative mind on the subject of religion. When questioned as to body, ego, and soul, Agnew briefly replied that he was sure of the body, was willing to leave the ego to philosophy, the soul to the church.

Agnew's growth to the master position was slow; even slower was the recognition by the schoolmen that he had attained this growth. Appointed by Leidy demonstrator of anatomy in the University of Pennsylvania, he remained in this minor position seven years, when, because of his increasing practice tendering his resignation, he was made professor of clinical and demonstrative surgery; this when he was 52 years old and had been practicing medicine thirty-one years. A year later he was made professor of surgery, retaining this position for eighteen years.

By the early eighties Agnew was recognized by both the medical profession and the laity as the master surgeon of America: by the medical profession because of his headship and conduct of the Philadelphia School of Anatomy which, meagerly equipped and with but nine students, he bought in 1852 for six hundred dollars and sold for the same sum in 1863 with full equipment and 267 students, the world's largest private class under an individual teacher; also, his leading rank was accorded him by the profession because of his large army and hospital experience, his textbook on surgery and his papers on applied anatomy which were recognized and accepted as standard of authority.

Hence, when President Garfield was shot in 1881, his attending surgeon looked on Agnew as the obvious consultant. His connection with this case and his bearing throughout stamped him to the layman as a leader.

As Garfield, about to take a train, was passing through the Baltimore and Potomac Railroad Station he was shot, the bullet entering four inches to the right of the midline of the back at the level of the eleventh rib. Garfield fell and, when carried to the second story of the station, was pale, cold, wet, thirsty, vomiting; with a running pulse, and suffering severe pain and marked hyperæsthesia of the legs, particularly marked on the right side. The surgeon promptly probed downward to the depth of 3½ inches and followed his metal instrument by his little finger introduced to its full length.

The reaction from shock was slow but complete. The next day the surgeon general made a further digital exploration of the wound tract; and, of the

consultants called on the third day, it is stated they did not attempt to force their probing with too much vigor. There is no record to the effect that Nélaton turned in his grave nor that Lister groaned aloud, though there was at the time a protest regarded by both the profession and the laity as inspired by envy and voiced by the votaries of the false god antisepsis, whose credo failed to recognize wound suppuration as inevitable, and whose cult enforced a time consuming ritual, with results no better, if as good, as those incident to methods sanctioned by the centuries. Agnew, called on the third day, decided against operation, and thereafter was concerned with insuring drainage for an abscess burrowing into the iliac fossa and for other septic manifestations, among them sloughing parotids.

When death occurred some two and a half months later, the bullet was found harmlessly encysted remote from the suppurating area which centered around an osteomyelitis at the seat of the shattered vertebral body.

Agnew was brought up strictly in the tenets of Presbyterianism, attended church regularly, refusing all posts of honor therein. He saw on Sunday only those patients whose needs were urgent; was quietly, deeply and consistently religious.

As a teacher he had that rare gift of clarity, accentuating and illumining the high points, avoiding unessential and confusing details. He believed and taught that surgery should be based on a brain-eye-and-hand knowledge of anatomy, a sharp knife, fingers trained in its use, practiced diagnostic ability, and an understanding heart tender toward the afflicted and with the single purpose of bringing help to both body and mind.

This being before the efflorescence of specialists, subjects now relegated to them were grouped in the surgical course, among them affections of the skin, which Agnew briefly covered by the statement that they might be classified under two headings, namely: those which are cured by the application of zinc oxide ointment, and those which are not thus cured.

He believed that woman's place was in the home, that her education should be confined to reading, writing, arithmetic, belles lettres, and housekeeping, and was so opposed to her as a medical student that he resigned from the Pennsylvania Hospital staff rather than have one or more attend his clinics.

He was among the first in this country to practice the ritual of Listerism; this at an age when "upon many minds a new idea has the effect of a foreign body upon the grosser tissues, and is either encapsulated and disappears or sets up an irritation and is extruded" (J. William White).

He was ambidextrous, deft, and swift in his manipulations without seeming so to be. Students crowded his clinics; in particular those devoted to cutting for bladder stone. When a patient was assuredly diagnosed by means of a resonator attached to a steel sound and was duly prepared, with a grooved staff passed into the bladder, Agnew would make one ample perineal cut into the posterior urethra, drop

his sharp pointed knife, take from his teeth his blunt pointed one, make with it one further ample cut through a lateral lobe of the prostate, insert his forceps, and remove the stone in less than six seconds; and with a deceptive appearance of deliberation.

Agnew was a scrupulous observer of professional etiquette both in action and in spirit. Operating upon a patient suffering from a long-continued suppuration, following an operation by a brother practitioner, Agnew made one deep free incision, seeming to his resident perilously near the femoral artery, passed in two fingers, so neatly palmed a lingering sponge which had been the cause of the trouble that it was seen only by his assistant, and made no remark other than "this free drainage should cure your patient, Doctor."

Agnew died of angina pectoris aggravated by influenza. To his students and colleagues he was Master not only because of his textbooks, his honors, his manual dexterity and surgical skill, his diagnostic acumen, his clarity of thought and expression, but because of a personality which in either group or individual contact left an impression of singleness of purpose, of joy in service, of sympathy with weakness, of an understanding heart. A personality actively and beneficently contagious.

In the University of Pennsylvania there is an Agnew wing endowed by the Master. In the Library of the College of Physicians there is an admirable Biography of D. Hayes Agnew written by his nephew, Dr. Howe Adams, and from which much that has been written in this sketch has been taken.

Even the most powerful in his day and generation is promptly forgotten unless he leave a named legacy. The Agnew wing should be the Master's benediction for many generations of teachers, students, and patients.

D. Hayes Agnew was born in 1818, died in 1892. He received an M.D. degree at University of Pennsylvania in 1838. He was owner and conductor of Philadelphia School of Anatomy, 1852–63. He was acting assistant surgeon, U. S. Army and consultant to group hospitals. Demonstrator of Anatomy, University of Pennsylvania, 1863–70. Professor of clinical and demonstrative surgery, University of Pennsylvania, 1870. John Rhea Barton professor of surgery, 1871–89. Emeritus professor of surgery, 1889–92. Surgeon to Philadelphia Hospital, Pennsylvania Hospital, Wills Eye Hospital, Orthopædic Hospital. He was author of *Principles and Practice of Surgery*, 3 vols., 1878–81–83; *Regional Anatomy in Its Relation to Medicine and Surgery; Researches on Organization of Blood Clot and on Repair of Fracture*, and many contributions to textbooks, encyclopædias, and current medical literature. He was president of the College of Physicians, president of The American Surgical Society, founder and president of the Academy of Surgery, member of The American Philosophical Society, and member of the Board of Directors of the Union Trust Company.

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